

(Send by certified mail)

Your full name

Current mailing address

TransUnion credit report file # \_\_\_\_\_

Date

TransUnion

Fraud Victim Assistance Division

P.O. Box 6790

Fullerton, CA 92834-6790

Dear Sir or Madam:

Please add the following statement to my credit file in reference to [account number and name of creditor]:

On [date], I ordered a product from [creditor] that was of inferior quality and that was not as represented in the company's advertising. On [date], I asked in writing for a full refund, but the company did not respond. While waiting to resolve the issue, I declined to pay my bill with the company. They, in turn, reported that payment was 60 days late. I have disputed this matter with both the company and the credit reporting agency, but it has not been resolved to my satisfaction.

I have also included the following information as confirmation of my identity.

- Social Security number: \_\_\_\_\_
- Date of birth: \_\_\_\_\_

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

Your name